

more boys and girls (especially girls) are acquiring a cigarette habit early in life. And lung cancer rates for women are steadily climbing. Why doesn't someone do something about this?

Some periodicals, *Sunset* magazine, for example, simply do not accept cigarette advertising. And they seem to prosper. In France the use of human figures in cigarette ads is prohibited by law. In some Canadian provinces the dispensing of cigarettes through vending machines is forbidden. The Swedish government recognizes the folly of telling youngsters that something "may be dangerous to your health." That, to juveniles, is a challenge to try it. The Swedes also know that this same cigarette warning in fine print is easily ignored. Therefore, they now have 16 differently worded warnings that must be displayed in bold print, and changed regularly. The word "cancer" is to be included. Sly tactics, but they just may succeed.

Somehow or other we must deglamorize smoking. The American Medical Association, so successful in its vigorous campaign against violence on television, seems less eager to do battle with this more deadly foe. Secretary Califano of the Department of Health, Education, and Welfare repeatedly bludgeons the public with more statistics, but the rate of cigarette consumption continues to rise; emphysema, heart disease and lung cancer are on the increase. Six million young people, many under age 12, are cigarette smokers and their numbers are increasing.

Why, oh why, doesn't somebody *do* something?

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## Ulcerative Colitis and Pericarditis

TO THE EDITOR: It was with great interest that I read the recent article by Levin and co-workers "Pericarditis in Association With Ulcerative Colitis" (130:369-370, Apr 1979).

In 1975 I evaluated a 30-year-old man, in whom ulcerative colitis had been well controlled on a regimen of sulfasalazine (Azulfidine), for chest and upper back pain and found evidence of cardiomegaly with an associated pleural effusion. Although a cardiogram was normal, echocardiography showed evidence of a pericardial effusion. Skin tests subsequently were negative for coccidioidomycosis and tuberculosis. Consideration was given to tapping the very small pleural effusion; however, it had resolved by the next day. Treatment with indomethacin (Indocin) was also considered, but the patient's low-grade fever had defervesced as well in 36 hours and he was essentially asymptomatic by that time.

In retrospect, the patient had had a documented bout of pericarditis when he had been admitted to hospital at Stanford in 1973, at which time ulcerative colitis was also minimally symptomatic, and his symptoms were mainly those of chest and arm pain at that time as well. While viral studies were not done during either of these episodes, it would seem that in this patient relapsing pericarditis was more likely associated with inflammatory bowel disease—that is, ulcerative colitis. Interestingly, in this patient there has been no evidence of other extraintestinal manifestations of the inflammatory bowel disease, at least to date.

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